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57263 7590 07/10/2008

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10/10/2008 SSANDARI 00000007 503013 10607909

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/607,909	06/27/2003	Jean-Pierre Sommadossi	IDX 1031 06171.105088	8101

TITLE OF INVENTION: 2'-C-METHYL-3'-O-L-VALINE ESTER RIBOFURANOSYL CYTIDINE FOR TREATMENT OF FLAVIVIRIDAE INFECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$1400	\$1440	10/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCINTOSH III, TRAVISS C	1623	514-049000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jones Day

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 1) IDENIX PHARMACEUTICALS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
 Cambridge, MA

2) UNIVERSITA DEGLI STUDI DI CAGLIARI

CAGLIARI, ITALY

3) CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE PARIS, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: (Fees previously paid 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ Issue Fee 08/09/06 - see attachment) ☐ A check is enclosed.
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☐ Advance Order - # of Copies 15 ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503013 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date October 9, 2008

Typed or printed name Dale L. Rieger

Registration No. 43,045

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Adjustment date: 10/10/2008 SSANDARI
 08/15/2006 HVUONG2 00000044 10607909

PTOL-85 (Rev. 8-8-07) Approved for use through 08/14/2010 00 OP

OMB 0651-0033

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